The Recently Injured Wounded Warrior:

What is the Role of the Social Worker?

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National Naval Medical Center

Photograph from www.bethesda.med.navy.mil

NNMC and GWOT

- Approximately 1,600 (?) seriously injured treated since March of 2004.
- Receiving Hospital in CONUS for all USN and USMC active duty medevac'd from Landstuhl who require additional surgery and/or specialized treatment.
- Receiving Hospital for all penetrating head injuries, regardless of service.

Types of Injuries

- Improvised Explosive Devices (IED)
- Rocket Propelled Grenades (RPG)
- Gun Shot Wounds (GSW)
- Mortar Attacks
- Motor Vehicle Accidents
- Traumatic Brain Injury
- Amputations
- Mental Health
- Spinal Cord Injury
- Orthopedic
- Poly-trauma
- Disease

The Casualty Culture

- All patients are treated as “heroes” regardless of the circumstances of the injury.
- Close vicinity to Washington, DC allows access from Political Leaders, Senior USMC leadership, and celebrities through the USO and other agencies.
- This culture creates high expectations for future care, whether within VA, DOD, or civilian health care systems.

Presidential Visits

Photograph from www.bethesda.med.navy.mil

Celebrity Visits

Photograph property of Meg Kabat

Role of Social Work at NNMC with the OIF/OEF population

- Patients and Families work with the same social worker throughout entire stay, to assist with psychosocial issues, provide crisis interventions and eventually formulate a discharge plan.
- The same social worker is assigned during a re-admission.
- The case is handed over to a Case Manager at discharge or transfer from NNMC.

The Family Arrives

The Phone Call……

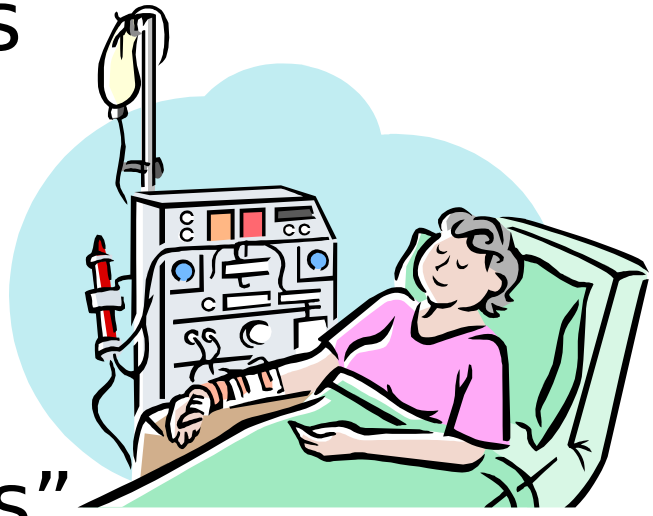
- The Notification Process as its own Traumatic Event
- Decision Making “in the moment”
- The Logistics

Arriving at NNMC

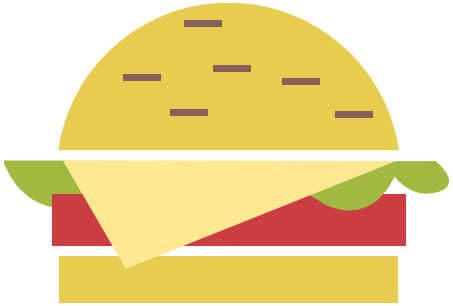
- Medevac System
- Role of Service Liaisons
- Casualty Affairs Office

The ICU Culture

- Multiple medical teams and specialties
- Isolation and Precautions
- Machines
- Confined Space
- Access to ICU
- “Waiting Room Dynamics”



Logistical Support



- Lodging
- Food
- Exercise
- Money
- Other family members at home

Bio-Psycho-Social-Spiritual Support for Families

- Coordination with other members of treatment team
- Crisis Family Counseling vs. Support
- Health Issues – education, prescriptions, appointments, coordination with providers, for family members not eligible for care

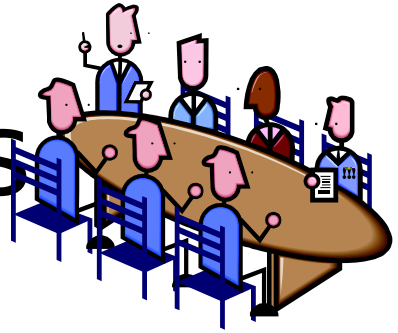
Family Dynamics

- Divorced Parents
- Parents v. Spouse
- Patient v. Parents
- Patient v. Spouse
- Young Spouse and Young Children
- Family Members who do not speak English

Complex Family vs. Ethical Dilemma

- Who is here? Who is not here?
- Who is the legal decision maker?
- Information is POWER

Multi-D Trauma Rounds



- Trauma rounds held several times a week depending on the inpatient census.
- Meeting is run by Attending Trauma Surgeon.
- Other participants include Social Work, Orthopedics, Physical Therapy, Marine Casualty Services, Army Liaisons, Command Casualty Affairs, Case Management, Nursing, Speech Therapy, Medical Boards, Navy/Marine Corps Relief Society, VA Liaison, Chaplains
- Current Medical Status, Discharge Plans, Family Concerns/Issues are all discussed.

Role of Social Work within the Multi-D Team

- Provide team with clinical insight into family dynamics
- Cultural Diversity
- Maintain the focus on the “person”
- Combining all available resources to provide an appropriate, safe discharge
- Remind team that *Perception is Fact* in the eyes of patients and families
- Anticipate problems

Transitions in Levels of Care

“Waking Up”

- The Transfer to 5E
- Family Education
- Physical Restraints vs 1:1
- Being “Frontal”

The Hand Off to the Next Level of Care

- Identification of case manager

- Use of SBAR:
  - Situation: *What is the situation?*
  - Background: *What is the clinical background?*
  - Assessment: *What is the problem?*
  - Request/Recommendation: *What do I recommend or request to be done?*

Important Lessons

- This event may not be the worst thing that has ever happened to this family.
- I may not be the best person to provide emotional support.
- Don’t open something that you cannot close.

Semper Fidelis

Photograph from www.time.com

Case Examples

Case Example

CPL M is an OIF Soldier injured in an IED blast. He has a significant head trauma and may not survive. His mother, father, and sister are at his bedside. Two days after he arrives, a man arrives at NNMC stating that he is the pt's biological father, that the pt's mother "disappeared" with the children 5 years ago and that he wants to visit CPL M.

Case Example

SSGT K is an OIF Marine injured in an IED blast with a significant head trauma and bi-lateral leg amputations. His mother, grandmother, and wife of 10 months are at his bedside. The mother believes she should have direct contact with physicians, make medical decisions, and be allowed to sit with patient whenever she wants.

Case Example

SGT C is an OIF Marine, injured in a mortar attack in which his vehicle overturned. His father consented to amputating his leg while he was unconscious in the ICU. His family is very religious. SGT C is beginning to become more alert and is asking questions about his injuries and his buddies. He is using vulgar language and has made sexual overtures towards several nurses. His parents are becoming increasingly upset about “his behavior.”